



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

SUPPLEMENTAL REPORT – HAULED IN MUNICIPAL WASTES

Facility Name: Advanced Disposal Service Greentree Landfill
Municipality: Fox Township County: Elk
Watershed: 17-A

Month: _____ Year: _____
NPDES Permit No.: PA0103446
Renewal application due **180 days** prior to expiration
This permit will expire on June 30, 2018

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
Avg													Monthly Totals:	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: _____

Title: _____

Signature: _____

Date: _____

SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Advanced Disposal Service Greentree Landfill
Municipality: Fox Township County: Elk
Watershed: 17-A

Month: _____ Year: _____
NPDES Permit No.: PA0103446
Renewal application due **180 days** prior to expiration
This permit will expire on June 30, 2018

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☐ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
TOTAL:				TOTAL:				TOTAL:	

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name				
Municipality				
County				
DEP Permit No.				
Type of Material*				
Dry Tons Applied/Disposed				
Type of Disposal/Use*				
Hauler Name				

*See Instructions for explanation

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Prepared By: _____

Title: _____

Signature: _____

Date: _____



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

SUPPLEMENTAL REPORT – CHEMICAL ADDITIVES USAGE

Facility Name: Advanced Disposal Service Greentree Landfill
Municipality: Fox Township County: Elk
Watershed: 17-A

Month: _____ Year: _____
NPDES Permit No.: PA0103446 Outfall No.: _____
Renewal application due **180 days** prior to expiration
This permit will expire on June 30, 2018

Day	Chemical Names*															
	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
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20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
Average																
Maximum																

*If reporting chemical use in gallons, indicate the % by weight of the chemical in solution in parentheses in the Chemical Name (e.g., CT-1 (10%)).

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Prepared By: _____

Title: _____

Signature: _____

Date: _____

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Advanced Disposal Service Greentree Landfill
Municipality: Fox Township County: Elk

Month: _____ Year: _____
Permit No.: PA0103446

☐ **Violations of Permit Effluent Limitations***

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken

☐ **Sanitary Sewer Overflows and Other Unauthorized Discharges***

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

☐ **Other Permit Violations***

- | | | |
|--|---------|-------|
| <input type="checkbox"/> Sample collection less frequent than required | Explain | _____ |
| <input type="checkbox"/> Sample type not in compliance with permit | Explain | _____ |
| <input type="checkbox"/> Violation of permit schedule | Explain | _____ |
| <input type="checkbox"/> Other | Explain | _____ |
| <input type="checkbox"/> Other | Explain | _____ |

*** If the space provided is not sufficient to record all information, please attach additional sheets.**

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: _____
Title: _____

Signature: _____
Date: _____



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Advanced Disposal Service Greentree Landfill, LLC</u>							
Address: <u>635 Toby Road</u>							
<u>Kersey, PA 15846-1033</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0103446						TO	
PARAMETER	ANALYSIS METHOD	LAB NAME		LAB ID NUMBER²			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer
Phone: _____

**Signature of Principal Executive Officer or
Authorized Agent**
Date: _____

¹ Submit this form with the first Discharge Monitoring Report (DMR) or Annual Report, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab(s), parameter(s) or method(s) of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.